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ABSTRACT

Presented is a county wide (Travis County, Texas) plan developed by 12 human service agencies to provide comprehensive educational, maintenance, and prevention services to the mentally retarded of all ages. Described are three underlying principles: human ecology (which stresses an individual approach to fulfillment), normalization, and community responsibility for all people. Detailed are educational services (including early childhood, academic, and career ecucation), rehabilitation services (such as vocational counseling and job training), and curative services (including crisis intervention and health insurance). The section on maintenance deals with such issues as adequate income maintenance, living arrangements, and transportation services. Prevention aspects of the plan are discussed regarding common health hazards and the provision of comprehensive health care. Major implications of the plan are listed for 15 community agencies in terms of education, rehabilitation, maintenance, and prevention factors. Provided is an 8-year (1972-80) calendar guideline for service and program development. (CL)

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TRAVIS COUNTY MENTAL RETARDATION PLAN

TRAVIS COUNTY MENTAL RETARDATION SERVICES PLAN

OF THE TRAVIS COUNTY MENTAL RETARDATION PLANNING COUNCIL

September, 1972

ACKNOWLEDGEMENTS

We wish to express our appreciation to parents and friends of retarded persons who took time to critique this plan at critical stages of development and make helpful suggestions. We also thank the several MR service consumers who participated in interviews about their perspectives on service needs.

We are grateful to all the agencies which participated in the survey of services to the mentally retarded in Travis County (reported in the technical report supplement to the County Services Plan).

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Thanks to the Austin YMCA which provided meeting space for all Council planning sessions from January through August and to the Austin State School for hosting the Planning Council at one of its sessions.

Most of all, thanks to the persons who represented the member agencies of the Council and did the work of creating the plan.

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The cover design depicts the major elements and the projected product of the Travis County Mental Retardation Plan. The figures in the lower portion represent the dynamic reaction that occurs when community concern and commitment, acting as a catalyst, induces agency and human resources within the community to combine for the maximum utilization and benefit of both. The central motif in the upper portion symbolizes the product of this reaction - optimal human development of each retarded citizen in Austin-Travis County and enrichment of the total human community through the integration of these special people into the mainstream of community life. . . .as the community through its agency and citizen resources, supports the vitality of the individual citizen, so does the individual, developed to his fullest potential, support the vitality of the community.

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THE BASIC PLAN OF SERVICES FOR
TRAVIS COUNTY CITIZENS WHO ARE MENTALLY RETARDED*

1. All publicly funded education, rehabilitation, curative, social, maintenance, and preventive services will be provided within the county for mentally retarded persons in ways that make them physically, psychologically, and economically accessible to those who need them. Existing services will be augmented and new services will be created as needed in such a way that all services will be operative by no later than 1980.

2. All services will be correlated by a volunteer interagency council during the first 18 months of the plan operation (beginning Sept. 1972). During the initial stages of plan implementation, interagency agreements will be developed to create a local Mental Retardation Authority for coordination of all mental retardation programs at the county and regional levels.

3. Agencies providing services to persons who are retarded will develop their individual priorities for service augmentation and development in cooperation with other agencies and the priorities recommended in the plan and reflected in the Timetable Guidelines for service completion.

4. The Austin-Travis County Mental Health and Mental Retardation Center and the Austin Association for Retarded Children will maintain the initial structure for interagency cooperation in service delivery and will work with state, regional, and local authorities to develop the appropriate coordinating authority.

5. General agencies will be helped to manage special service development and maintenance by the consultation and education services of the Austin-Travis County MHMR Center.

6. The Major Services Categories planned for county residents provide a complete continuum of services based upon human need for optimal development at each life stage, regardless of the severity of limitations imposed by various degrees of retardation.

7. The Major Services are grouped into three basic categories and described throughout the plan. The categories are:
   Education-Rehabilitation-Curative Services (Section I)
   Maintenance Services (Section II)
   Prevention Services (Section III)

8. The following components of the plan are treated sequentially in each section:
   a. Definition of major service category
   b. Specific area of concern within the category
   c. Population to be served
   d. Existing services review
   e. Services needed
   f. Primary agencies responsible for service delivery and management
   g. Primary agencies responsible for service funding
   h. Recommendations
   i. Implications for agencies.

* A detailed study of the planning process, rationale, and recommendations which led to this plan is available from each of the participating agencies who helped in formulating it.

MODEL FOR BASIC PLAN OF SERVICES FOR MENTALLY RETARDED

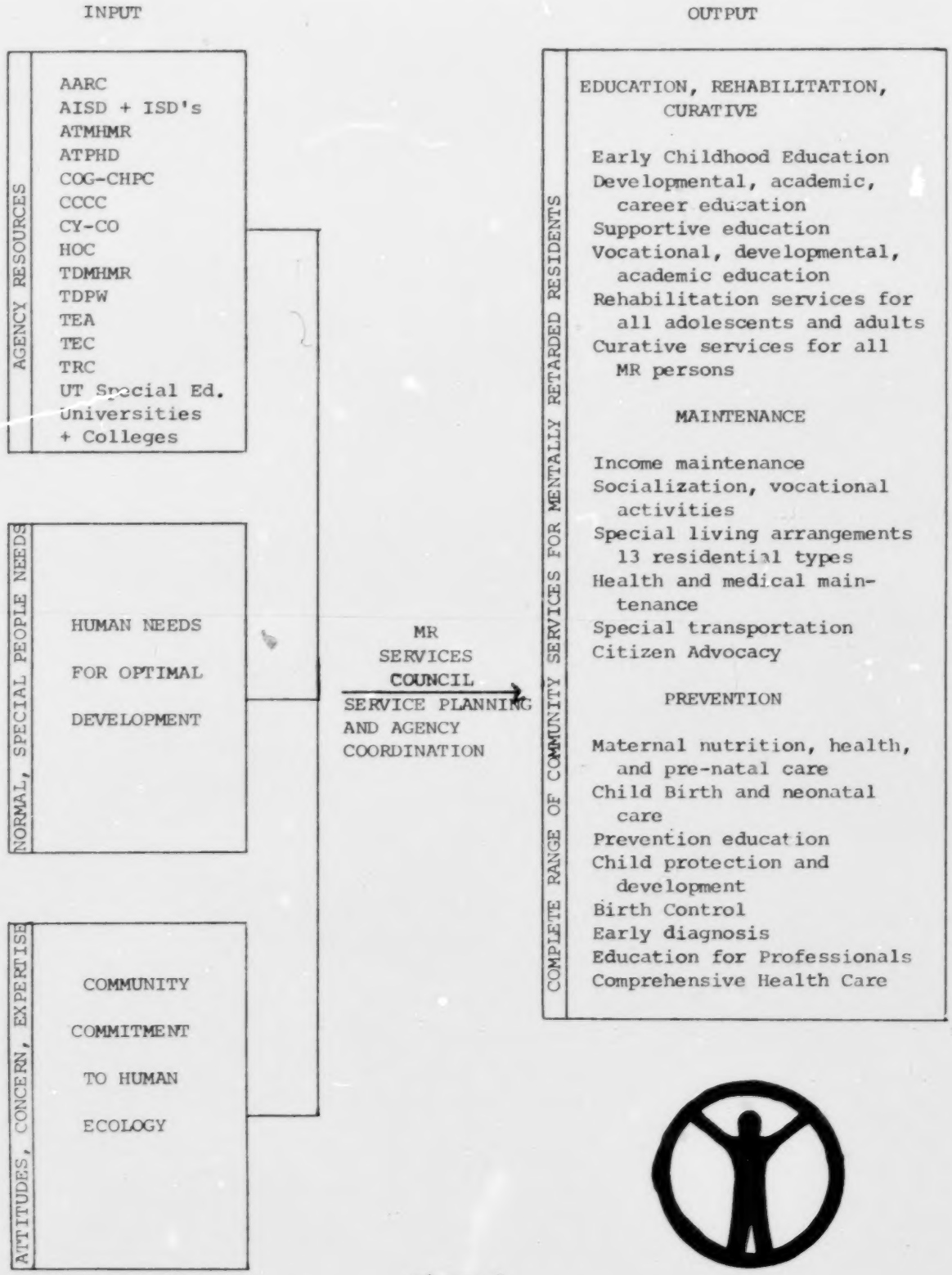


Figure 1

INTRODUCTION

This plan, when implemented, will provide comprehensive human development and maintenance services for all mentally retarded residents of Travis County who need them. There are 6,373 of our men, women and children who are retarded to one degree or another (TDMHMR, 1972). To fulfill the ultimate goal of this plan, i.e., to supplant institutional services with community-based services, we have outlined all appropriate variety of services necessary such that all of these people can live in Travis County, be a part of their home, community, and have optimal opportunities for personal fulfillment. This plan provides a blueprint of how we can correlate existing local service resources and develop new ones to provide the full range of services needed by no later than 1980.

This outline of what our community-based services for the retarded will be is the product of nine months of needs-assessment and planning by twelve major human service agencies in Austin and Travis County. Contributing to this planning process were:

1. Austin Association for Retarded Children
2. Austin Independent School District
3. Austin Regional Office of the Texas Department of Public Welfare
4. Austin-Travis County Health Department
5. Austin-Travis County Mental Health and Mental Retardation Center
6. Community Council
7. Capitol Area Comprehensive Health Planning Commission
8. Human Opportunities Corporation
9. Model Cities (City of Austin)
10. Region III Office of the Texas Rehabilitation Commission
11. Texas Department of Mental Health and Mental Retardation
12. United Cerebral Palsy Association of the Capitol Area

The planning body has formed the Austin-Travis County Mental Retardation Services Council and will continue to meet in order to foster total implementation of the plan.

This plan is based on three major principles: the developmental principle of human ecology; the principle of normalization; and the principle of community responsibility for <u>all</u> of our people.

Briefly stated, the <u>developmental principle of human ecology</u> holds that every person is entitled to and must have available opportunities for maximum development to the extent of his natural potential at each developmental stage in his life. In practice, this means that our society works best when the needs, skills, and potential of each person are individually evaluated and each person is helped to achieve his own fulfillment as a human being.

The <u>principle of normalization</u> asserts that life for persons with disabilities (no matter how severe the disabilities) should be as normalized as possible. It accepts that persons who are mentally retarded are much more "like" other people than "different". It reminds us to consider the person, not the disability, when we plan for services. It calls us to provide living, schooling, working, and recreational opportunities for all people in ways that keep them as close as possible to the mainstream of society. It means that our services

must provide opportunities for our people to fit into the normal rhythms of everyday life with normalized settings for work, play, education, and dwelling.

The principle of community responsibility for all our people emphasizes the democratic ideal that a community of people is responsible for "life, liberty, and pursuit of happiness" for all its people. Services will be designed, funded, and supported by the community in such ways that all its people will be enabled to participate in life to the fullest. We do not cast out our people to live, work, and be cared for in artificial environments. We not only take care of our own; we provide all the human services needed for everyone's optimal development because people count more than anything else that we value.

What this plan represents is a way of marshalling our resources to translate these principles into a visible network of practical, usable services and opportunities for persons who are mentally retarded and their families as needs arise. By 1980, when the plan is realized, Travis County will have a mental retardation services system unique to Texas and the nation. It will provide the service basis that will enable more than 90% of our retarded citizens to live and work on an independent or semi-dependent basis in our county. For the remaining 10% who will need some form of life-long special care, it will provide maintenance services geared to maximum developmental potential on an individual basis in settings of realistic hope and expectation.

Full implementation of this plan will change our service delivery systems, the lives of our people who are retarded, and each of us who lives in Travis County. As we provide alternatives to institutionalization; as we open new opportunities for these special people of our human family to learn, live, play, and work among us; as we coordinate our service delivery systems to serve human needs in the most efficient and economic ways possible, we will all grow in our understanding, appreciation, and experience of what it means to be a human community.

COMMUNITY GALAXY OF PUBLIC AND PRIVATE SERVICES FOR OPTIMAL HUMAN DEVELOPMENT AND MAINTENANCE OF ALL INDIVIDUALS

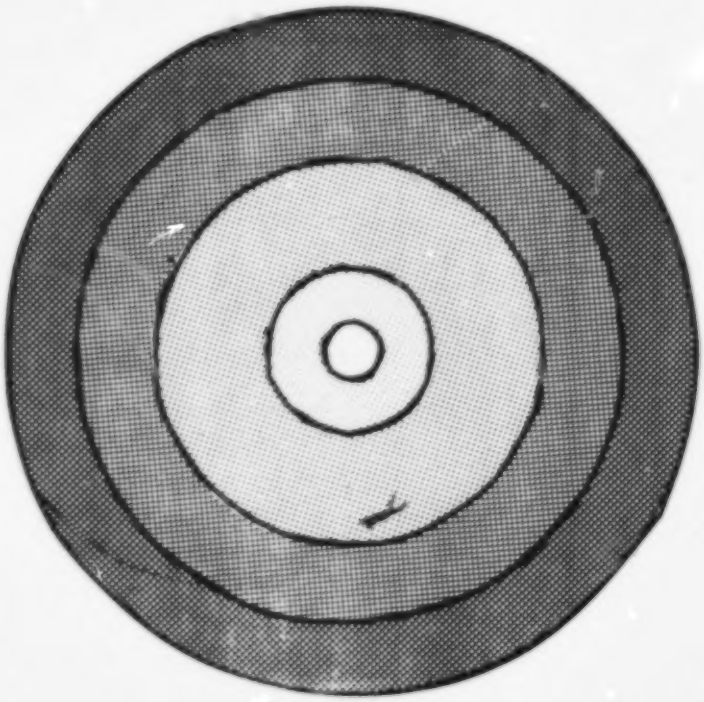
All individuals for whom community is responsible (the total population). (A.)

Includes sub-population of retarded individuals. (B.)

General Human Development and Maintenance Services funded by public (all health, education, welfare, prevention, and service agencies). (C.)

Special Human Development Maintenance Services Funded for persons with exceptional need (retardates). (D.)

Non-public community service organizations and interest group integrate retardates into general programs and create special programs. (E.)



A.,B.: Individuals in our community are surrounded by a galaxy of publicly funded agencies which are responsible for optimal development and maintenance of all citizens in the community.

C.,D.: Retarded persons should be integrated into regular programs of these agencies as their needs arise. Agencies should create special service arrangements for the more severely disabled to guarantee needs being met.

E.: Community volunteer and special interest organizations assume similar responsibilities and programming patterns as long as they claim to serve the needs of the whole community.

Figure 2

IDEALS AND GOALS OF THE TRAVIS COUNTY MENTAL RETARDATION SERVICES PLAN

IDEAL

To enable optimal human development of each retarded citizen of Austin-Travis County and to enrich the total human community of Austin-Travis County by integrating these special people of the human family into the mainstream of our community.

GOALS

1. To provide a comprehensive, community-based continuum of education, rehabilitation, curative, and maintenance services which will facilitate optimal human development and community integration of all our retarded citizens.

2. To provide a comprehensive continuum of prevention services that will reduce the incidence of mental retardation by fifty per cent before the close of the twentieth century.

3. To coordinate existing agency services and resources and plan for development of additional services and resources in order to accomplish these goals in the most efficient and effective ways possible.

SYMBOLS FOR PINPOINTING AGENCY RESPONSIBILITIES REGARDING PLAN

C&E = Consultation and Education

F = Funding

MS = Management and service delivery responsibility

AARC = Austin Association for Retarded Children

AISD = Austin Independent School District

ATMHMR = Austin-Travis County MHMR

ATPHD = Austin-Travis County Public Health Department

CCCC = Coordinating Committee for Child Care

COG-CHPD = Council of Governments Comprehensive Health Planning Division

Co = Travis County

Cy = Austin

DDA = Developmental Disabilities

HOC = Human Opportunities Corporation

ISD's = other Travis Co. school districts

PARD = Parks and Recreation Department

TEA = Texas Education Agency

TEC = Texas Employment Commission

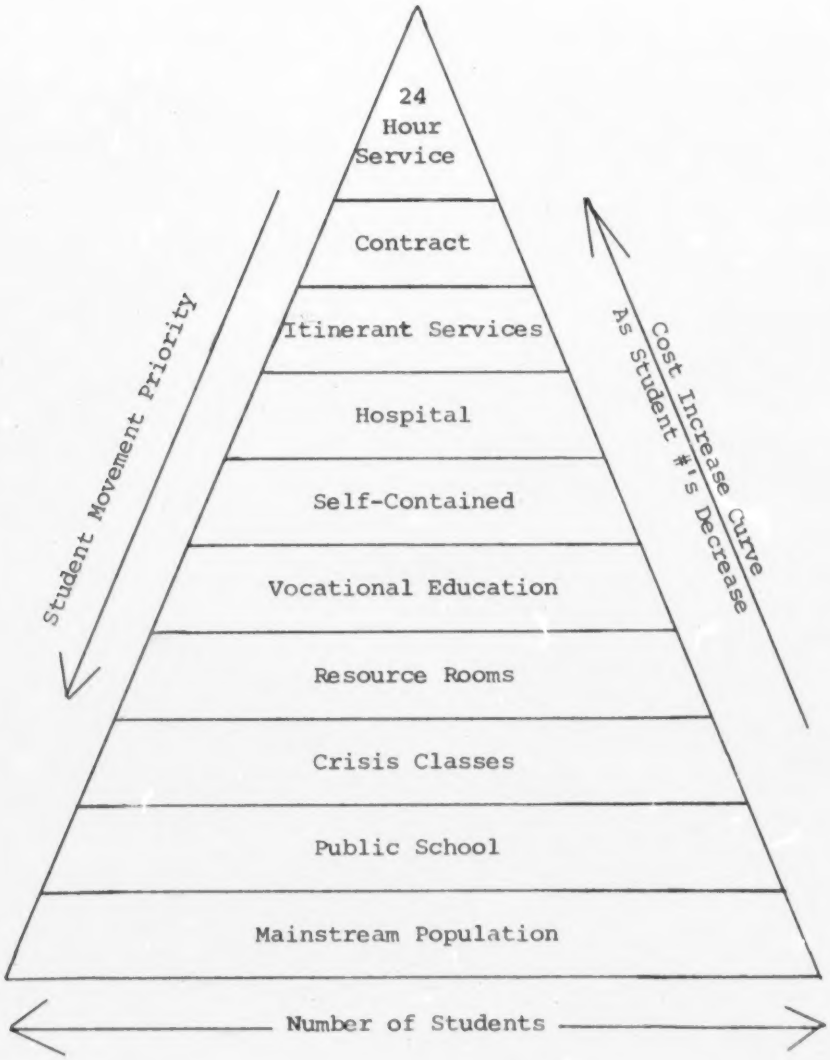
TDMHMR = Texas Department of MHMR

TDPW = Texas Department of Public Welfare

TRC = Texas Rehabilitation Commission

UIL = University Interscholastic League

EDUCATION SERVICE CONTINUUM



The model reflects current educational concerns that appropriate services for all persons who have special needs are provided on the basis of individual need with developmental priority to move students toward mainstream population and regular education services.

Adapted from Maynard Reynolds

Figure 3

I: EDUCATION, REHABILITATION, CURATIVE SERVICES

A. Education Services

Education Services are those services providing academic, vocational, social/personal development for a specific period of time in a person's life. Education services are provided with the expectation that they will improve a person's functioning. They are not life-long services; they may however be needed and consumed at various stages from infancy through old age. Thus, education services have definite short-range objectives which are designed to be attained by a person in a few years. (e.g., public schools curriculum completed during adolescence, vocational education completed by graduation) Education services must be available to all retarded persons from early childhood through adulthood in order to enable their optimal development and maximum individual participation in society. The basic premise of the plan for community services is that all education would be provided in the community through a continuum of education services, from pupil integration into mainstream programs to provision of small 24-hour residential schools for profoundly disabled persons.

Areas of Concern Receiving Recommendations in Education:

a. Early Childhood Education
b. Developmental, academic and career education for children and adolescents ages 3-21 years
c. Supportive Educational Services 0-21 years
d. Vocational, personal and social development, academic, and leisure-time education for adults 22 and above.

I.

a. Early Childhood Education

County Population to be Served: 742 children who are mentally retarded, ages infant to three years.

Existing Services: Less than 20 children are identified as being in special educational developmental programs from major city-county agencies. An additional four children are in state school programs. City-County Health Department Programs and Human Opportunities Corporation (HOC) Child Care programs touch approximately 58 more children identified with mental retardation in this age range. No agency assumes responsibility for total developmental planning for MR children of this age.

Needed Services: Full range of public education services for early childhood development for 742 persons.

MS: ISD's, ATPHD, HOC, ATMHMR
F: ISD's, TDPW, TDMHMR, Cy., Co.

Recommendations:

1. Provision of early childhood developmental programs to all infant mentally retarded children by:
   (a) Expansion of public school education program responsibility to include curriculum, program, and consultation/education for this age group.
   (b) Provision of parent training and support for home programs of early childhood development.
   (c) By providing consultation and education services to day care centers they can provide early childhood developmental services to disabled children in their care.
   MS: ATMHMR, AISD, ISD's
   F: ISD's, ATMHMR, TDPW, TDMHMR

2. That every publicly funded child care facility in Travis County be required to develop an early childhood education curriculum in the best interests of children, and include special learning curriculum needed for mentally retarded children.
   MS: COG-CHPD, Cy, Co, ATMHMR, ATPHD, AISD, HOC
   F: By agencies providing or monitoring services
   C&E: ATMHMR, AISD, ATPHD

3. That staff in child-care facilities be trained and sensitized to special needs of retarded children and following such training, that day care programs be extended to include mildly and moderately retarded children throughout Travis County.
   MS: All agencies delivering direct child-care services, HOC
   F: TDPW, ATPHD
   C&E: ATMHMR, AISD (to develop training programs for staff)

4. That children so severely retarded as to be unable to be included in the regular day care programs will be provided alternative educational/residential centers.
   MS: ATMHMR, AISD & other school districts
   F: TDMHMR, TDPW, AISD & other school districts

5. That child development education for all parents be provided by all public health services, and that special child developmental training be provided for parents of retarded children.
   MS: ATPHD (this is primarily an augmentation of the excellent model currently being operated by City-County Public Health Department Nurses)
   F: ATPHD

6. That a county-wide diagnostic program be developed and maintained to identify all mental retardation and developmental-lag problems in young children as early as possible.
   MS: ATPHD, CCCC, ATMHMR, AISD & other school districts

7. That, upon discovery or referral of a child with a possible retardation complication, a thorough developmental diagnosis and prescription be done.

8. That commercial* and educational TV and radio stations incorporate child/family development programs conductive to optimal development for every child in the county, including the mentally retarded. (Likewise, for newspaper series.)
   MS: All local commercial and educational TV and radio stations
   F: All local commercial and educational TV and radio stations
   C&E: AISD, ATMHMR, CCCC, ATPHD, UT Special Education

* Though commercial stations are privately funded, they are defined by FCC as public resource; therefore these recommendations.

b. Developmental, academic and career education for children and adolescents ages three to twenty-one years.

County Population to be Served: 2,733 mentally retarded children and adolescents, 3-21 years. (TDMHMR, 1972)

Existing Services: Less than 1,300 mildly and moderately mentally retarded persons are enrolled in public education programs; approximately 100 more moderately to severely mentally retarded persons are being served by other public and private, non-profit educational agencies (MHMR, Cerebral Palsy Center). In addition, approximately 180 are in state schools. No profoundly retarded persons are receiving educational services in the community systems.

Services Needed: Full range of public, community education services for developmental, academic, and career education for children and adolescents ages three to twenty-one years, particularly those of the moderately, severely, and profoundly retarded level.

Primary Agencies Responsible for Service Delivery & Management: AISD and other local school districts, TEA, Texas Rehabilitation Commission

Primary Agencies Responsible for Funding: AISD and local school districts, TDMHMR, TRC, MHMR, Cy-Co. governments, TEA

Recommendations:

1. That local ISD's assume the functional as well as legal responsibility for locating and educating all retardates in their communities who are ages 3-21 (including all levels of retardation).
   MS: AISD, ISD's
   F: AISD

2. That an appropriate continuum of regular and special education services be provided by local ISD's for each retardate in each district with annual evaluations of individual students' progress, to aide in program placement and optimal individual development.
   MS: AISD, ISD's
   F: AISD, ISD's

3. That the number of self-contained educational units for more capable mentally retarded students be reduced and that each student participate in as many regular education programs as possible.
   MS: AISD, ISD's
   F: AISD, ISD's

4. That in-service training programs be established for all regular educators which will sensitize them to special needs of educationally handicapped children.
   MS: AISD, other school districts, TEA
   F: AISD, other school districts, TEA

5. That educational, diagnostic, evaluation, and prescription services be required in each district for mentally retarded persons of all levels of disability, and that these services be extended by local school districts to all retarded persons 3-21 years. (AISD as of Sept. 1973, others as of Sept. 1976)
MS: AISD, ISD's
F: AISD, other school districts, TEA

6. That testing, placement, and evaluation processes for identifying children as mentally retarded clearly establish mental retardation, and that the emphasis in testing rests on educational, social, personal, physical diagnoses that include remedial recommendations and descriptions.
MS: AISD, ISD's
F: AISD, ISD's

7. That programs of educational evaluation, prescription, and service delivery in each school district measure up to the very high quality of standards for education forwarded in policy statements and recommendations from the National Association for Retarded Children (1971) and the President's Committee on Mental Retardation, (1971).

8. That educational programs and special living arrangement programs for severely and profoundly mentally retarded and multiply-handicapped youngsters be incorporated into the direct services delivery continuum of the public schools, supplanting present contractual arrangements.
MS: AISD, ISD's (housing would be ATMHMR responsibility)
F: AISD, ISD's (housing would be ATMHMR responsibility)

9. That crisis intervention techniques and programs be developed extensively to eliminate use of expulsion and suspension of mentally retarded and/or emotionally disturbed students due to academic incompetence, behavioral problems, illness, physical complications, or financial and/or family/personal distress.
MS: AISD, ISD's
F: AISD, ISD's

10. That cooperative education programs with the Texas Rehabilitation Commission be expanded to include more severely disabled persons and a wider range of higher and lower level jobs on the basis of maximum vocational expectation of the student, as indicated through continuous, extensive evaluations and follow-up services.
MS: TRC, AISD, ISD's
F: TRC, AISD, ISD's

11. That public schools eliminate barriers to mentally retarded persons' participation in vocational education programs, and that these programs be extended to include higher and lower levels of job/skill training.
MS: AISD, ISD's, TEA
F: AISD, ISD's, TEA

12. That public schools implement parental and family involvement as an integral part of all public school educational programs to provide parental input and support of goal setting, curriculum development and program evaluation.
MS: AISD, ISD's
F: AISD, ISD's

13. That physical education curricula be adapted to meet the varying needs of mentally retarded persons at various disability levels.
MS: AISD, ISD's
F: AISD, ISD's

14. That no youngster be barred from participation in any interscholastic league competition solely on the basis of retardation, but that each youngster be given the opportunity to compete for participation at the level of his/her abilities in the various competitions.
MS: AISD, ISD's, UIL
F: AISD, ISD's, UIL

15. That sexuality-social development, family education be incorporated into the curriculum in appropriate ways from early childhood through young adult levels.
MS: AISD, ISD's
F: AISD, ISD's

16. That actions resulting from the preceeding recommendations be in keeping with the spirit and intent of Texas laws which require that all children be guaranteed in all school processes: a) The right of positive presumption which stipulates that an individual is presumed to be eligible for education in the absence of sufficient cause for denial of services, b) the right of due process which guarantees the individual to a systematic examination of his situation, and a specific determination of his qualifications, and c) the right of instrumental protection which provides the individual with legal and procedural instrumentalities through which rights may be protected in everyday activities. (Goldberg, 1971)

17. That public schools extend summer enrichment programs, to include mentally retarded as well as gifted students, and that they cooperatively develop educational TV programs as community resources in special education programs.
MS: AISD, ISD's
F: AISD, ISD's

c. Supportive Educational Services

County Population to be Served: The 2,957 mentally retarded citizens from infancy through age 21.

Existing Services: Isolated instances of all the services considered in the following recommendations exist in the county. Their general availability is less than even minimum population need would indicate.

Services Needed: Public and professional information and education, inclusion of retarded persons in regular and special interest group programs - as noted in specific recommendations.

Primary Agencies Responsible for Service Delivery & Management: See specific recommendations.

Primary Agencies Responsible for Funding: See specific recommendations.

Recommendations:

1. Requisite to realistic fulfillment of the preceeding and following recommendations is: that special living arrangements, day care facilities, respite care services, and child care services be developed at the community level for all children and adolescents (3-21 yrs) in order that none of them will have to be institutionalized in large state schools. (Maintenance, Section II, specifically delineate such community services.)
   MS: See Maintenance
   F: See Maintenance

2. That all educational and special living arrangements services for all retarded children and adolescents, be physically and psychologically available in the county by no later than 1980. That TDMHMR should pro-rate present state school funds to such community programs and living arrangement for all services complementary to, or extended beyond, educational services offered by ISD's to ensure these persons opportunity to reside and be educated in their home towns.
   MS: ATMHMR
   F: TDMHMR, TDPW

3. That existing and developing public and private non-profit educational, recreation, and developmental organizations for children and adolescents train their professional and volunteer staff to relate positively to special needs of retarded youngsters.
   MS: YCMA, Scouting troops, PARD, Little League
   F: Individual organizations
   C&E: ATMHMR, AISD

4. That these organizations aggressively pursue participation and memberships of special children in their regular groups and create special groups for the more severely impaired youngsters who cannot function in regular groups.
   MS: Individual groups
   F: Individual groups
   C&E: ATMHMR, AISD

5. That public libraries throughout the city and county develop special lending resources of reading, audio-visual and art materials, and educational games and toys appropriate to needs of low-academic ability, children and adolescents.
   MS: Libraries
   F: Libraries

6. That public libraries develop special sections of materials on exceptional child and adolescent development, directory of available community services, and other subjects pertinent to the education and development of retarded persons.
   MS: Libraries
   F: Libraries
   C&E: AARC, ATMHMR, UT Special Education

7. That the AARC publicize and augment their existing library resources for use by families, professionals, and other citizens in the community.
   MS: AARC
   F: AARC, donations
   C&E: ATMHMR, UT Special Education

8. That the AARC organize and maintain a systematic counseling, information and referral, and education program for all parents of retarded children and adolescents in the community, with additional supportive services for "new" parents of retarded children.
   MS: AARC
   F: AARC, donations
   C&E: ATMHMR

9. That the University of Texas Departments of Special Education and School of Communications develop "Sesame Street" - like programs and other educational programs for local educational, radio and TV dissemination geared to special academic and behavioral needs of retarded children and adolescents.
   MS: UT
   F: UT - through Bureau of Education for the Handicapped

10. That the AARC collaborate with local commercial radio and television stations in developing public service announcements about human development practices and insights that would enhance the educational development of children and adolescents throughout the country.
    MS: AARC, local radio and TV stations
    F: Local stations

11. That Model Cities provide neighborhood "Stimulus Enhancement Teams" to work in high-risk poverty areas, to combat the effects of stimulus deprivation by developing stimulating extra-curricular and intervention experiences in the lives of youngsters living there.
    MS: Model Cities, ATMHMR
    F: Model Cities, ATMHMR

12. That private and public service physicians (especially pediatricians) follow the model of some of their colleagues by providing educational toys, materials, and literature in waiting areas, and creating environments of positive developmental attitudes in these areas.

d. Vocational, personal and social development, academic, and leisure-time education for adults twenty-two and above:

County Population to be Served: 3,417 persons, (TDMHMR, 1972) ages 22 and above, who are mentally retarded.*

Existing Services: Adult education classes (MHMR) providing personal and social development activities to about 20 adult MR's.

Services Needed: A full range of vocational, personal, and social development, academic, and leisure-time activities available to all 3,417 adults who are retarded.

Primary Agencies Responsible for Service Delivery & Management: AISD and other school districts, ATMHMR.

Primary Agencies Responsible for Funding: TEA, TDMHMR, AISD, ATMHMR, Cy, Co.

Recommendations:

1. That adult basic education and continuing education programs be operated throughout the year by ISD's, University Extension Bureau's and the Austin MHMR Center with special emphasis on community and job-related survival needs for all adult mental retardation.
   MS: ISD's, ATMHMR, UT Extension Bureau
   F: ISD's, Cy, Co, UT, TEA, TDMHMR, TRC

2. That retardates who have not achieved vocational employment by age 22 be automatically referred to the Texas Rehabilitation Commission for thorough vocational/educational diagnosis and prescription, and an appropriate individualized program and training and rehabilitation.
   MS: TRC
   F: TRC

3. That access to community colleges and universities and private educational and vocational preparation programs not be banned to any person on the basis of mental retardation as a categorical disability.
   MS: Not applicable
   F: Not applicable

4. That all TDMHMR construction, management, and program funds be pro-rated to community service centers and state institutions on the basis of client populations being served annually and level of program involvement required to persons served.
   MS: TDMHMR
   F: TDMHMR

* See Maintenance for description of programs and activities in this area for very severely and profoundly involved persons.

B. Rehabilitation Services

Rehabilitation services are services providing training and vocational adjustment programs for a specific period of time in a person's life. Rehabilitation services have definite short-range objectives and are available to persons from adolescence through adulthood. Public school-cooperative educational programs and workshop training are existing examples of rehabilitation services.

County Population to be Served: 3,646 mildly and moderately mentally retarded persons, ages 16-55, in the active population. (This number should be adjusted so as not to include persons who completed vocational training in the public schools.)

Existing Services: Public schools vocational programs. Approximately 675 mildly and moderately mentally retarded persons in this age groups are receiving rehabilitation services from the existing MR service delivery agencies in Travis County (primarily TRC and AISD).

Needed Services: Training and vocational adjustment programs for all older MR adolescents and adults in Travis County.

Primary Agencies Responsible for Services & Management: TRC, AISD, ATMHMR

Primary Agencies Responsible for Funding: TRC, AISD, TDMHMR

Recommendations:

1. That the Texas Rehabilitation Commission establish an interagency agreement or direct service guaranteeing vocational evaluation and a training center in the county-community on a short and/or long-term basis adequate to serve a total client population to be projected yearly in cooperation with ATMHMR and AISD. Services of the evaluation and work adjustment programs should include vocational evaluation, prescription, guidance, and counseling, job placement, follow-up, further education and training, continued evaluation and on-the-job training as appropriate to individual client needs.
   MS: TRC, Schools
   F: TRC

2. That all mentally retarded persons by age 16 should be referred to a vocational rehabilitation service for vocational diagnosis, evaluation and prescription (including prescription prognosis ranging from full employment through vocational activities placement).
   MS: TRC
   F: TRC

3. That all mentally retarded clients receiving vocational rehabilitation services including training and job placement also receive follow-up services for a period of not less than one year to assure vocational and community stability.
   MS: TRC
   F: TRC

4. That retarded clients placed in competitive community jobs receive, at the beginning of their employment, minimum-wage or competitive entry-level

wages, whichever is greater. Sub-minimum wage waivers offered to potential employers should be extreme exceptions to normalized job placement for the mentally retarded.
MS: TRC
F: TRC

5. That TRC develop and staff education and support programs geared to the development of employers uniquely skilled and cooperative in hiring, training, and maintaining mentally retarded workers.
MS: TRC
F: TRC
C&E: ATMHMR

6. That orientation and support programs which explain vocational rehabilitation agencies and involve parents in goal setting and evaluation process be initiated and maintained for parents of retarded clients.
MS: TRC
F: TRC
C&E: ATMHMR

7. That TRC invest more staff and resources in programs to develop hiring of disabled workers, particularly mentally retarded workers, in state agencies. That this program be further developed to include the employer market of county and municipal government and agencies, especially the public schools.
MS: TRC
F: TRC
C&E: ATMHMR

8. That job discrimination on the basis of mental retardation be eliminated in programs monitored by state agencies. Job eligibility should be determined only on concrete requirements such as education, experience, demonstrable skills, demonstrable reliability clearly necessary to the specific job function. A person who is a victim of such discrimination has the right of appeal.
MS: TRC, AISD, ATMHMR
F: TRC
C&E: AARC

9. That federal minimum wage per hour become the standard minimum wage for all jobs covered by the federal Minimum Wage Act, and that all jobs not covered by that act automatically be covered by a state minimum wage to be at least equal to the federal level.
MS: TEC, Labor Statistics Bureau
F: TEC, Labor Statistics Bureau
C&E: ATMHMR

10. That the Extended Rehabilitation Services Act in Texas, which provides for extended, supervised living facilities for disabled persons who can work, but need special living settings, be funded and implemented by the legislature. (See Maintenance, Section II)
MS: TRC
F: TRC
C&E: ATMHMR, AARC

11. That the scope of job training experiences in cooperative and vocational education programs be extended as recommended in the previous section on education.
MS: TRC, AISD, & other ISD's
F: TRC, AISD, & other ISD's

12. That appropriate recreation and socialization services be developed for all mentally retarded persons of all ages and disability levels in the county. All general recreation and socialization programs seen by public and/or private non-profit agencies in the county should be augmented to include special arrangements for participation by more limited retarded persons in ways possible.
MS: ATMHMR, PARD, TARS, AARC
F: PARD, ATMHMR

13. That the Federal Rehabilitation Amendment of 1972 which extends the Vocational Rehabilitation Act to improve services and add a program for severely handicapped individuals (including mentally ill and mentally retarded persons) be passed and funded immediately. All Titles (I-IV) are recommended for passage.
MS: TRC (when appropriated)
F: TRC (when appropriated)
C&E: AARC, ATMHMR

C. Curative Services

Curative services are similar to rehabilitation and education services in that they are offered to clients on a short-term basis with expectation of improvement in client functioning as a result of service delivery. Curative services do not assume that there is a cure for retardation, but assumes that conditions of a person's personal and physical health can be improved for his optimal health and functional ability. These services may precede, complement, support, or continue after education or rehabilitation services.

County Population to be Served: All 6,373 retarded persons from infancy to old-age.

Existing Services: Only around 1,200 mentally retarded persons are presently receiving these services from public and private agencies in the county.

Services Needed: See specific recommendations

Primary Agencies Responsible for Management & Services: ATPHD, ATMHMR, TRC

Primary Agencies Responsible for Funding: ATPHD, ATMHMR, TRC, TDMHMR, HEW

Recommendations:

1. That the ATPHD augment the Model Cities Family OPC model by providing several similar neighborhood clinics throughout the city in poverty areas.
   MS: ATPHD
   F: ATPHD

2. That persons in legitimate need throughout the city have no residence requirement for community health services.
   MS: ATPHD
   F: ATPHD

3. That neighborhood health clinics and ATMHMR service centers maintain 24-hour telephone and walk-in crisis intervention/information centers at strategic physical locations throughout the city to meet emergency needs of emotional and physical crisises in persons' lives.
   MS: ATPHD, ATMHMR, Cy, Co
   F: ATPHD, ATMHMR, Cy, Co

4. That MHMR Service Centers establish basic counseling and crisis intervention services in rural sections of Travis County concomittant to urban services.
   MS: ATMHMR
   F: ATMHMR

5. That crisis-intervention, inpatient, outpatient, and short-term daycare programs should be operated by MHMR service centers with adequate staff and resources to meet all needs of the mentally retarded populations of Travis County.
   MS: ATMHMR
   F: ATMHMR, TDMHMR

6. That the long state and local residency requirements of Brackenridge Hospital be eliminated so that needy citizens can have immediate access to these

services.
MS: ATPHD
F: ATPHD, Cy, Co

7. That the City-County Health Department set up an automatic process by which clinic cards can be issued to qualified persons receiving services from any agency as a part of their intake processes.
MS: ATPHD
F: ATPHD

8. That Federal Public Law 92-223 which calls for granting Medicaid funding of the mentally retarded and mentally ill in intermediate care facilities be implemented in the county by the Department of Public Welfare as soon as guidelines come to Texas offices from the Secretary of HEW.
MS: DPW
F: DPW

9. That immediate intervention and client management services be established with all law enforcement agencies for retardates in trouble with civil authorities for naive offenses. Further, that appropriate referral and consultation procedures be developed with all civil authorities, supplemented with in-service training programs in state, county, and local law enforcement agencies to sensitize their officers to special problems related to mental retardates.
MS: ATMHMR
F: All agencies

10. That medical intervention services including mental health and mental retardation curative services be provided through a health insurance plan created and funded at the national level and implemented at the local level as soon as possible.
MS: HEW
F: HEW

II. MAINTENANCE

Maintenance services are concerned with maintaining persons at a given functional level. Maintenance services are delivered to mentally retarded persons needing some degree of dependency on others for daily functioning, and are provided with no expectation of change in a person's development or functioning. Maintenance services are usually life-time oriented, except in transitional or crisis situations.

The following priority statements and service recommendations identify a model maintenance service delivery system for mentally retarded residents of Travis County. This delivery system will enable severely and profoundly retarded persons to function optimally and will provide all retardates with basic crisis intervention, daily functioning or transitional arrangements they need at important times in their lives.

Our recommendations pertain to essential comprehensive maintenance services for retarded citizens of Travis County which are:

a. adequate income maintenance;
b. adequate daily care, programming, socialization, and vocational activities appropriate to age-level;
c. adequate special living arrangements;
d. adequate health and medical maintenance services;
e. adequate special transportation services;
f. substantial advocacy for individuals and for the entire group of retardates needing these services;
g. special maintenance funding needs.

All of these services are urgently needed for the profoundly retarded who are already identified in the county and for those who are yet undiscovered as well as less involved retardates who have crisises, daily functions, or transitional maintenance needs.

a. Adequate income maintenance

County Population to be Served: The 4,444 retarded persons in the active population ages 16 and up.

Existing Services: No guaranteed income maintenance program exists except for those severely mentally retarded who qualify for welfare or disability payments.

Needed Services: Income maintenance is believed to be the service most needed by retardates of low adaptive behavior. Such maintenance should complement individual earning power in ways to develop optimal individual independence and productivity.

Primary Agencies Responsible for Management & Services: TDPW

Primary Agencies Responsible for Funding: TDPW, HEW

Recommendation:

1. That the county, state, and national welfare departments develop legislation, policies, and management systems which will facilitate rapid delivery of income maintenance service on the basis of individual needs. The AARC and Council for Exceptional Children need to organize legislative education activities to bring this income maintenance into being.
   MS: TDPW
   F: TDPW
   C&E: AARC, CEC

b. Adequate daily care, programming, socialization, and vocational activities appropriate to age level for more involved persons:

County Population to be Served: Entire severely and profoundly retarded population and approximately ½ of moderately retarded population in Travis County (732 persons).

Existing Services: ATMHMR, through its childrens' and adult Training Centers provides for approximately 100 severely mentally retarded persons. Approximately 250 receive day care and/or sheltered employment.

Needed Services: There is a need for day care centers which would provide developmental activities appropriate to the individual levels of the retardates served in the anticipation of developing maximum independence and self-sufficiency in every skill that can be developed.

Primary Agencies Responsible for Management & Services: ATMHMR, TDPW, ATPHD

Primary Agencies Responsible for Funding: TDPW, TDMHMR, ATPHD

Recommendations:

1. That a network of day care centers for severely and profoundly retarded infants and children be established throughout the county. This recommendation assumes integration of more mildly involved children into mainstream day care programs throughout the county.
   MS: ATMHMR, TDMHMR, Cy, Co
   F: TDPW, TDMHMR, ATPHD

2. That ATMHMR establish a network of day activity centers for profoundly functioning teenagers and adults. Such centers would give these persons significant and meaningful vocational, recreational, and social lives, provide relief for parents on a daily basis, and facilitate involvement of community friends and volunteers in the lives of the profoundly retarded (for initially estimated 150 persons).
   MS: ATMHMR
   F: TDPW, TDMHMR, (pro-rated State School funds), Cy, Co

3. That needed additional sheltered workshops be established, particularly in rural areas to provide for mentally retarded adolescents and adults 16 or older with opportunities for limited work and income and a base for normal social and recreational routines.
   MS: ATMHMR
   F: TRC, TDMHMR, TDPW

4. That the ATMHMR Center establish programs to recruit and train home care personnel capable of giving care and supervision in the home at a reasonable cost to parents of mentally retarded children and adolescents during parents' absence.
   MS: ATMHMR
   F: ATMHMR

c. Adequate Special Living Arrangements

County Population to be Served: A total of approximately 980 individuals could benefit from at least one of the 13 types of community-based residential services recommended.

Existing Services: 212 mentally retarded persons are now being served in special living arrangements provided by private profit and non-profit facilities in the county. It should be noted, though, that most of these residents are not from Travis County. There are no community-based special living facilities except some foster home provisions through TDPW. As of May, 1972, there were 380 Travis County residents institutionalized in the State Schools, outside of community responsibility and services.

Needed Services: There is a need for a network of small, community-based specialized living arrangements that provide a continuum of services from hospital care and health maintenance through supervised living. These units should provide the closest approximation to normalized community living possible for the particular individuals involved.
MS: ATMHMR
F: TDMHMR (pro-rated from institutional funds), TDPW, Cy, Co

Recommendations:

Type 1 - Maintenance of Life (for approximately 75 persons): has a strong medical emphasis and operates on the hospital model to serve those retarded individuals who are so physically impaired as to require primarily those services necessary to sustain life.

Type 2 - Infant Nursery (for approximately 3-6 persons): for retarded infants and children up to the ages of 3-5 who do not require maintenance-of-life type care but who, because of family rejection, disintegration, illegitimacy, etc. are left homeless for a transitional period.

Type 3 - Child Development (for approximately 60 persons): emphasizes child development for children, ages 3-4 to puberty who do not require maintenance-of-life services.

Type 4 - Pre-Vocational (for approximately 75 persons): emphasizes social, academic, and pre-vocational training for children from puberty to about age 16. Most of the children would attend public classes for the retarded.

Type 5 - Habit Shaping (for approximately 28 persons): utilizes maintenance of basic habits through operant conditioning techniques for severely and profoundly retarded individuals who, though they do not require maintenance-of-life services, do not fit into the more developmentally and training-oriented residential services.

Type 6 - Structured-Correctional (for approximately 16 persons): utilizes a highly structured approach and intensive supervision to provide specialized management for retardates who display consistently anti-social uncontrolled, or self-destructive behavior.

Type 7 - Halfway House (for approximately 60 persons): an intensely training-oriented hostel for young adult retardates who receive vocational training in

the public schools or other public and private agencies but who still need additional 24-hour training toward self-sufficiency.

Type 8 - Sheltered Living (for approximately 120 persons): a relatively sheltered type of residential service that provides a good deal of direction to retardates who are not capable of working in competitive industry and must be retained in sheltered employment situations.

Type 9 - Minimal Supervision (for between 50 and 100 persons): provides minimal supervision for retardates who progress in their habitation process so that they need steadily diminishing degrees of supervision and can hold jobs in competitive employment, but who, if left to their own resources, might have difficulty in holding jobs, and working out problems of daily living.

Type 10 - Crisis Assistance (for a minimum of 25 persons): provides for short-term individual and/or family respite in times of stress or for family relief from 24-hour care responsibility.

Type 11 - Weekly Residential Schools/Homes (for 20-40 persons): to be used in sparsely populated areas where children must be brought from long distances in order to form a single class. Children would reside in the facility during the week and return to their homes on weekends.

Type 12 - Combination of Five-Day School/Child Development (Type 3)/Pre-Vocational (Type 4) (resident population to be determined by the number of communities which elect to cooperate in the provision of this service): the combination of service types 4, 5, and 11 in areas that are too thinly populated to economically support any one of these services by itself.

Type 13 - Sheltered Living for the Aged (for approximately 400 persons): nursing homes for aged persons who cannot be adequately served in other Sheltered Living arrangements.

RESIDENTIAL SERVICE TYPES

TYPE 1	SERVICES OFFERED	AGE RANGE	HRS/DAY	LENGTH OF STAY	TRAVIS CO. NEEDS
Type 1	Medical/Hospital Maintenance of Life	All ages	24	Lifetime	75 persons
Type 2	Infant Nursery	0-5 years	24	3-5 years	3-6 persons
Type 3	Child Development	3-10 years	24	7 years	60 persons
Type 4	Pre-Vocational	10-16 years	24	6 years	75 persons
Type 5	Habit Shaping Behavior Mod.	8 years +	24 or less	Temporary	28 persons
Type 6	Structured Correctional	8 years +	24	Temporary to Permanent	16 persons
Type 7	Halfway House Training Hostel	16 years +	24	2 years	60 persons
Type 8	Sheltered Living	18-45 years	24	10 years	120 persons
Type 9	Minimal Supervision	18 years +	Evenings and Nights	Temporary to Permanent	75 persons
Type 10	Crisis Assistance Unit	5 years +	24	Up to 30 Days	25 persons
Type 11	Weekly Residential	5-16 years	Monday to Friday	10 years	20-40 persons
Type 12	Combination School + Living	5-16 years	24	To age 16 yrs.	Rural MR Population
Type 13	Sheltered Living for Aged	50 years +	24	Permanent	400 persons

Figure 4

d. Adequate Health and Medical Maintenance Services

County Population to be Served: The 6,373 mentally retarded persons of all ages in the active population of Travis County.

Existing Services: One neighborhood center, Brackenridge Hospital, and some provisions through Model Cities.

Needed Services: Basic health and medical provisions through health and treatment clinics in the immediate community.

Primary Agencies Responsible for Management & Services: ATPHD

Primary Agencies Responsible for Funding: ATPHD, IDTW, TRC

Recommendations:

1. That neighborhood health facilities be established throughout the county which provide comprehensive health services, and health information and referral services. To be included as medical maintenance services:

   a. Counseling in Nutrition and other appropriate health and medical problems of the retarded in Travis County.
   b. Provision of comprehensive health surveillances of special living, day care, and activities clients.

   MS: ATPHD
   F: ATPHD

e. Adequate special transportation services

County Population to be Served: 737 moderately, severely, and profoundly retarded persons ages 16 and above need many special adaptions of transportation equipment. All 6,373 MR's in the county can be aided by same general adaptions.

Existing Services: Limited public transportation service within City of Austin.

Needed Services: Since almost all services described in previous sections are dependent upon adequate transportation, a combination of volunteer, competitive, and public transportation is needed to assure access to these services and community opportunities as needed.

Primary Agencies Responsible for Management & Services: Cy, Co

Primary Agencies Responsible for Funding: Cy, Co

Recommendations:

1. That public transportation be available on a regularly scheduled route basis from 5:00 a.m. to 1:00 a.m. daily.
   MS: Cy
   F: Cy

2. That routes between residential services and mental retardation services be correlated with expanded public transportation services during rush hours.
   MS: Cy, ATMHMR
   F: Cy, ATMHMR
   C&E: ATMHMR

3. That the following special equipment and services be included on all public transportation vehicles.

   a. Ramps or lifts to help people with walking difficulties or in wheel chairs to get into buses.
   b. Recordings at bus stops which give verbal information about locations, stops, and destinations of buses when buttons are pushed.

   MS: Cy
   F: Cy

   c. Driver or recorded announcement of stops and destinations are people board.
   d. Unusual sign systems in street markings, directions, and information related to pedestrian and traffic movement.
   e. More protected bicycle paths.
   f. Extension of public transportation system routes beyond city limits.
   g. A "willingness-to-help" attitude on the part of public transportation operators.
   h. A punch-card or similar simple method of fee payment for persons who cannot manage money due to very limiting physical or mental handicaps.
   i. Safe transportation arrangements for wheel-chair-bound persons on public buses.

j. Sensitivity training for transportation personnel to general and special needs and problems of retarded persons they will serve.

MS: Cy

F: Cy

C&E: ATMHMR, AARC

f. Substantial advocacy for individuals and for the entire group of retardates needing these special services.

County Population to be Served: All retarded persons in the county (6,373).

Existing Services: The AARC is currently directing the efforts of 10 advocates for primarily adult retardates and the Big Buddies provide advocacy in the areas of recreation and social development for 149 young retardates.

Needed Services: Informed citizen advocates are needed to work individually and on a "class-action" basis in the procurement, surveillance, and maintenance of appropriate community services. Advocates are also needed on an individual basis in the inter-personal dimension of retardates lives to provide stimulating pleasure and companionship.

Recommendation:

1. That the AARC develop a corps of trained advocates, maintaining one-to-one relationships with each retarded resident of Austin-Travis County. Advocate organizations can provide maintenance of all appropriate community services on a class-action basis. Legal strategies for special advocacy role implementation can be developed concurrently.

g. Special maintenance funding needs.

County Population to be Served: All 6,373 retarded persons in the county.

Existing Services: See technical study correlates for specific services.

Needed Services: See specific recommendations. The primary concern is to make monies available at the community level for service systems.

Primary Agencies Responsible for Management & Services: See specific recommendations.

Recommendations:

1. That the scope of Texas' Extended Rehabilitation Services Act (formerly HB 287) be extended to provide sheltered living arrangements for persons in vocational activity centers unable to function competitively or in sheltered workshops.

2. That all TDMHMR construction, management, and program funds be pro-rated to community service centers and state institutions on the basis of client population being served annually and level of program involvement required for persons served.

3. That the Federal Rehabilitation amendments of 1972 which extend the Vocational Rehabilitation Act improve existing services and that a program for severely handicapped individuals be passed and funded immediately. (See section on Rehabilitation)

4. That Federal Public Law 92-223 granting Medicaid funding of the mentally retarded and mentally ill in intermediate care facilities be implemented immediately. (See section on Curative Services)

III. PREVENTION

Prevention services are all those services which prevent a problem from occurring in the first place. Here they are seen as those basic research, nutritional, medical, social, and health improvement services which are to eliminate those conditions associated with increases in the incidence of mental retardation i.e., specific diseases, genetic problems, poverty, malnutrition, and social deprivation.

The area of prevention of mental retardation is without any doubt the most neglected in the Austin-Travis County mental retardation picture. Certain aspects of prevention such as the research and medical questions, and complete elimination of poverty are, for the eight years this plan covers, indeed beyond the resources and capability of most Austin organizations. Much mental retardation can be prevented; it is our responsibility to our community to do as much as we can. The Prevention Task Force has reviewed current prevention efforts and available local resources. The following specific recommendation are within priority groups and apply to those services which can be provided on a local level.

A. Health Hazards during Pregnancy, Child Birth, and First Ten Years of Life

Areas of Concern include:

a. Maternal nutrition, health and pre-natal care.
b. Child birth and infant during neonatal period.

B. Education

a. Education for Prevention
b. Child Protection and Child Development Needs
c. Birth Control
d. Early diagnosis
e. Education for Professional

C. Comprehensive Health Care

a. Maternal nutrition, health, and pre-natal care.

County Population to be Served: All pregnant females.

Existing Services: Antepartum care for Brackenridge, ATPHD, Caritas, Child & Family Services, Free People's Clinic, Mt. Carmel Hospital, certain private physicians. Food supplements to very poor, ATPHD and aides provide education, Expanded Nutrition Program (A-MU). Total of these services reaches only a small percentage of high-rise cases (for developmental problems).

Needed Services: As deficiencies in these areas are often causative factors in mental retardation, a thorough pre-natal, post-natal and infancy developmental program needs to be coordinated for all mothers and children at least from conception through the first year of infancy.

Primary Agencies Responsible for Management & Services: ATPHD

Primary Agencies Responsible for Funding: ATPHD, TDPW, HOC, Brackenridge, Model Cities.

Recommendations:

1. Pre-natal care should be available to all pregnant women, regardless of income. Full availability of pre-natal care includes education that to pregnant women such services are necessary and available.
   MS: ATPHD, Brackenridge, HOC neighborhood citizens, TDPW
   F: ATPHD, HOC, TDPW, Model Cities

2. An education campaign on the dangers of drug use in pregnancy should be undertaken by the ATMHMR Center. The relationship between certain drug use and mental retardation should be stressed, along with advice to seek medical consultation. The AARC might join with the local Pharmaceutical Association in a cooperative education-publicity campaign along these lines.
   MS: ATMHMR, AARC
   F: ATMHMR

3. Pregnant women should be supplied sufficient foods for good nutrition since the gestation period and the first year of life are the most important for brain development. The USDA donated commodities issued to pregnant and lactating women and infants should be augmented to a more nutritionally balanced food program (up to Food For Fitness standards). Families receiving commodities should receive nutritional education and more instruction on using commodities in meal preparation.
   MS: ATPHD, Cy, Co. Welfare
   F: Cy, Co. Welfare, ATPHD
   C&E: ATMHMR, Planned Parenthood

4. An interagency study of the adequacy and need in food distribution programs should be conducted and a comprehensive plan for food distribution and supplementations should be developed.
   MS: ATPHD
   F: All agencies in study

5. Those groups of women for whom pregnancy is contraindicated, i.e. women over 35 and teenage women, should be informed of the risks they take in becoming pregnant. Complications common with pregnancy in these two groups may be associated with mental retardation in the infant.
   MS: ATPHD, ATMHMR
   F: ATPHD, ATMHMR, Model Cities
   C&E: ATMHMR, Planned Parenthood

b. Child Birth and Infant during Neonatal Period

County Population to be Served: All new-born babies in Travis County

Existing Services: Brackenridge, for low income, Seton, St. David's for those able to pay. All offer Apgor ratings, intensive care units, and Texas law requires PKU tests to percentage of high-risk people.

Needed Services: Adequate neonatal health and treatment services to reduce the permanently damaging effects of congenital syphilis, rubella, premature or difficult labor, and other health problems resulting from poor or non-existent pre-natal care.

Primary Agencies Responsible for Management & Services: ATPHD, Brackenridge

Primary Agencies Responsible for Funding: ATPHD, TDPW, Co. DPW, TDPH

C&E: ATMHMR

Recommendations:

1. Adequate pre-natal care should increase detection of congenital maladies, such as syphilis, pneumonia, and meningitis often associated with mental retardation.
   MS: ATPHD, Brackenridge
   F: ATPHD, Brackenridge, Cy-Co PHD, TDPW

2. All children under 12 years of age should be immunized for rubella. 1971 Texas legislation requiring such immunizations for all children in schools or licensed child care facilities should be expanded in its coverage to include other children in private kindergartens, summer camps, city recreation projects, etc. The public education effort should be maintained by the Health Department offering free immunizations. All agencies serving the poor should institute an aggressive outreach effort reaching non-immunized children and participate with educational efforts as to the importance of immunizations.
   MS: ATPHD
   F: ATPHD

3. Every effort should be made to prevent early premature deliveries, since babies under 3 lbs. at birth are more subject to asphyxia and may result in mental retardation of surviving infants.
   MS: ATPHD, Brackenridge
   F: ATPHD, Brackenridge

4. As needed, causes of difficult delivery should be removed in pre-natal period. Some causes are too small a pelvis in the mother, early toxemia, Rh incompability, or the baby being in a breach position. Difficult deliveries may mean a long labor which puts the infant in risk for asphyxia.

5. As needed, causes of premature delivery should be treated during the pre-natal period. Some of the causes include toxemia, rubella exposure, and teen-age pregnancies.
   MS: ATPHD, Brackenridge
   F: ATPHD, Brackenridge
   C&E: ATMHMR

6. Further supplements of the diet of the infant during the first year of life should be made, when adequate nutrition is more important to brain development than at any later time of life.
   MS: Travis Co. Welfare, ATPHD, TDPW
   F: Co. Welfare, TDPW, ATPHD

B. Education

a. Education for Prevention (all services which effect changes in personal and/or social attitudes that result in reduced incidence of a problem)

Prevention of mental retardation cannot be effective without education. At many levels, the possession and application of knowledge about mental retardation, its causes and its prevention, can significantly reduce the incidence of mental retardation.

County Population to be Served: All residents of Travis County

Existing Services: Well Child Conferences; also serves some groups of teenaged mothers, UT student nurses, required family living course for 11th graders at AISD schools. Public information programs of AARC and ATMHMR.

Needed Services: A full range of educational programs to help ameliorate public misunderstanding, apathy, and even fear and to contribute to the prevention of mental retardation.

Primary Agencies Responsible for Management & Services: ATMHMR, AARC, ATPHD

Primary Agencies Responsible for Funding: ATMHMR, AARC, ATPHD, DDA

Recommendations:

1. An intensive public education effort should be coordinated by the AARC and the MHMR Center. The most sophisticated media techniques available should be utilized to inform the public about mental retardation and its prevention.
   MS: AARC, MHMR
   F: AARC, MHMR

2. Local colleges and universities, especially UT, should offer their professional expertise toward research and investigation of local MR problems and appropriate solutions. Such problems include the incidence of lead poisoning, the public's "MR stigma", research into social causative and association factors and into USDA donated commodities, and feasibility studies of sophisticated diagnostic technique such as amniocentesis and genetic counseling, for Travis County.
   MS: UT, St. Edward's, Huston-Tillotson, Concordia, and Central Texas
   F: Grants and interagency contracts from local, state and federal agencies and foundations.

3. Public school health courses need to be strengthened to include extensive understanding of mental retardation and its prevention. The importance of proper pre-natal care, counseling for future pregnancy, and infant and child development/care cannot be stressed too strongly. This recommendation also implies thorough teacher training and use of local agencies such as the Health Department, MHMR, and AARC as consultant groups.
   MS: AISD
   F: AISD, ATPHD, ATMHMR
   C&E: AARC, ATMHMR, ATPHD

4. Inclusion of MR prevention information should be mandatory for nurses training.
   MS: Training institutions
   F: Training grant sources
   C&E: ATPHD, AARC, ATMHMR

5. Junior and senior high school counselors and teachers, juvenile probation officers, and other workers who have contact with teenage girls with a high risk of pregnancy should be attuned to intervention for mental retardation prevention. The availability of classes for pregnant girls in the Austin Independent School District should be publicized by the administration, and referral encouraged.
   MS: AISD
   F: AISD
   C&E: ATMHMR

b. Child Protection and Child Development Needs

County Population to be Served: All residents of Travis County

Existing Services: Evaluation at Austin Evaluation Center and MHMR Counseling Center, limited developmental programs is noted in previous sections.

Services Needed: See specific recommendations regarding services which provide for optimal child development.

Primary Agencies Responsible for Management & Services: See specific service recommendations

Primary Agencies Responsible for Funding: See specific service recommendations

Recommendations:

1. An educational campaign for the general public about the importance of providing adequate stimulation, "mothering", etc. should be developed. This information should be practical, accessible, relevant, and should respect alternative cultures and life styles.
   MS: ATPHD, ATMHMR, AARC, TDPW
   F: Respective agencies

2. More public and non-profit day care centers are needed for the 8,000 young people identified in poverty areas alone. These day care centers should offer thoroughly trained staff and day care that is free or considerably less than cost to low-income parents.
   MS: AISD, HOC, ATPHD, ATMHMR, Model Cities
   F: AISD, HOC, Model Cities, TDMHMR
   C&E: ATMHMR

3. That IQ testing, diagnostic procedures, etc. be administered on a basis which reflect language, cultural, and other measures of social and intellectual functioning be further implemented to "prevent" mental retardation of the "6-hour retardate" type.
   MS: AISD, ATMHMR
   F: AISD, ATMHMR, Contractual agencies

4. That rubella and polio immunizations be provided to all children, and that TB skin tests be conducted at regular intervals for all children.
   MS: ATPHD
   F: ATPHD

5. That all lead-based paint, found particularly in older houses, be removed from all surfaces. A city ordinance may be necessary to accomplish and enforce this.
   MS: ATPHD
   F: Cy, Co
   C&E: ATMHMR

6. That legislation establish safety standards for children's auto safety devices (car seats, harnesses, etc.) and that use of truly safe protective devices for children receive widespread publicity.
   MS: State Legislature
   F: State Legislature
   C&E: AARC

c. Birth Control

County Population to be Served: All Travis Co. residents of child-bearing age

Existing Services: Clinics, Planned Parenthood, ATPHD to M.C. residents, Brackenridge Hospital sterilizes females, Free People's Clinic provides contraceptives, certain private physicians.

Needed Services: See specific recommendations

Recommendations:

1. Mental Retardation prevention information should be incorporated into existing birth control programs. These programs should become more aggressive in public information and outreach efforts and the importance and availability of this service should be stressed. Legislation is needed to allow family planning service without parental consent to female teenagers, especially those who have left home and those 16 years and older.
   MS: ATPHD, Brackenridge
   F: ATPHD, Brackenridge

2. Abortion laws should be liberalized at least to allow abortions for women who have been infected with rubella during the first trimester of pregnancy. Our committee would further recommend abortions on demand with consent of the woman's doctor.
   MS: ATPHD, Brackenridge
   F: ATPHD, Brackenridge

3. The nature, availability, and effects of sterilization, especially in men, should be publicized, and should be easily available free or part-pay basis if needed.
   MS: ATPHD
   F: ATPHD

4. An intensive education effort is needed, beginning with junior high school adolescents, on veneral diseases. The no-questions-asked, free VD treatment services offered by the Health Department should be publicized. State legislation has provided for the treatment of minors without parental consent.
   MS: ATPHD
   F: ATPHD
   C&E: ATMHMR

d. Early Diagnosis

County Population to be Served: All residents of Travis County

Existing Services: Child Development Record ATPHD and stimulating tools-expanded to HOC and nursery schools.

Needed Services: See specific recommendations

Recommendations:

1. That amniocentesis be made available at lower cost in Travis County, primarily for Rh determination of erythroblastosis in the factors.
   MS: ATPHD, Brackenridge
   F: ATPHD, Brackenridge

2. Pre-marital and marital genetic counseling for those potential parents with a history of certain hereditary conditions can prevent mental retardation.
   MS: ATPHD
   F: ATPHD
   C&E: ATMHMR

3. Developmental evaluations of young children for identification of the slow developer is needed.
   MS: ATMHMR, ATPHD, AISD
   F: ATMHMR, ATPHD, AISD

4. Services to assist parents with stimulative developmental techniques should be expanded.
   MS: ATMHMR, ATPHD, AISD
   F: ATMHMR, ATPHD, AISD

e. Education for Professionals

Recommendation:

1. That ATMHMR conduct regular consultation and education programs for all agencies and professionals who will have decision-making contact with mentally retarded persons or their families.
   MS: ATMHMR
   F: ATMHMR

C. Comprehensive Health Care

Recommendations:

1. Transcending all of these recommendations is the need for a system of comprehensive health care and the elimination of poverty and malnutrition. These objectives are quite obviously beyond the reach of the Travis County MR Planning Council, but their importance cannot be over-emphasized.

2. That voluntary agencies develop a study committee, possibly with help from UT or St. Edward's University, to make known the effects of malnutrition to the County Commissions and to recommend more ways to prevent malnourishment in county citizens.
   MS: AARC
   F: Grant

3. That the voluntary agencies join together to invite other agencies to help work out a better plan for USDA donated commodities supplement.
   MS: AARC
   F: Grant

IV. MAJOR IMPLICATIONS FOR AGENCIES

The following summary includes those major implications for agencies listed in the preceeding sections. Other less major implications should be noted along with those in the summary. Agencies are listed in alphabetical order as follows:

AARC . . . . . p. 46
AISD & other ISD's . . . . . p. 47
ATMHMR . . . . . p. 48
ATPHD. . . . . p. 50
COG-CHPD . . . . . p. 52
CCOC . . . . . p. 52
Cy-Co. . . . . p. 52
HOC. . . . . p. 54
TDMHMR . . . . . p. 54
TDPW . . . . . p. 55
TEA. . . . . p. 56
TEC. . . . . p. 56
TRC. . . . . p. 56
UT Special Ed. . . . . p. 57
Universities & Colleges. . . . . p. 58

AUSTIN ASSOCIATION FOR RETARDED CHILDREN (AARC)

Rehabilitation

Provide consultative support to the elimination of job discrimination on the basis of mental retardation in programs monitored by state agencies.

Support funding and implementation of the Extended Rehabilitation Services Act in Texas and passing and funding of the Federal Rehabilitation Amendment of 1972.

Utilizing its TARS organization, participate in the development of appropriate recreation and socialization services for the mentally retarded of all ages and disability levels.

Maintenance

Organize legislative education activities for the creation of income maintenance services through TDPW, and pro-rated TDMHMR monies for community services.

Prevention

Cooperate with ATMHMR in educating the public as to the nature of mental retardation and its prevention.

Consult with ISD's on the inclusion of mental retardation and its prevention in school health courses.

Support legislation to establish safety standards for children's auto safety devices and publicize the use of these devices.

Develop a study committee to inform the County Commissioners of the effects of malnutrition and to recommend ways to prevent it. Join with other voluntary agencies to devise a better plan for USDA donated commodities supplements.

AISD AND OTHER ISD'S

Cooperate with ATMHMR in developing and maintaining diagnostic procedures and programs to identify all mental retardation and developmental lag problems as early in life as possible; utilize these procedures and educational prescriptions immediately upon referral of a child with suspected learning problems.

Expand own program responsibility to include early childhood development programs for mentally retarded children and, along with ATMHMR, provide consultation, training and support for home (parents) and day care center programs in this area.

Provide alternative educational centers for children who are so severely retarded that they cannot be included in regular day care center programs.

Support development of public and commercial television and radio child development programs.

Thoroughly and conscientiously incorporate the philosophies and procedures of the state plan for comprehensive special education with particular emphasis on locating all retardates (ages 3-21) in community education systems, providing complete appraisal services (diagnosis, prescription, implementation, periodic reappraisal), involving students in as many regular education programs as possible, and sensitizing all regular educators to the special needs of educationally handicapped children.

Incorporate educational programs for severely and profoundly retarded individuals in the direct service delivery system.

Cooperate with TRC in expanding cooperative education programs to include more severely educable mentally retarded (EMR) disabled persons and a wide difficulty range of jobs. Utilize extensive evaluation and follow-up in assigning employment on the basis of maximum vocational expectations.

Adapt P.E. curricula to meet the variety of needs of the mentally retarded and give each individual the opportunity to compete for participation in various athletic events at the level of his/her ability.

Incorporate sexual, social, and family education into the curricula from early childhood through adult years.

Extend summer enrichment programs to include mentally retarded as well as gifted students.

Cooperate with the UT Extension Division and ATMHMR in implementing adult basic and continuing education programs with special emphasis on community and job-related survival needs for disabled persons.

Rehabilitation

Cooperate with TRC in establishing complete vocational evaluation and training services in the county-community and in extending the scope of job training experiences in the public school cooperative and vocational education programs.

Maintenance

Cooperate with ATMHMR in developing appropriate educational experiences for school-age persons in special local residential and care settings.

Prevention

Administer IQ tests and other diagnostic procedures on a basis which reflects language, culture, and other measures of social and intellectual functioning so as to "prevent" mental retardation of the "6-hour retarded type".

Strengthen school health courses to include extensive understanding of mental retardation and its prevention.

Provide special classes in early childhood development for pregnant students.

AUSTIN-TRAVIS COUNTY MENTAL HEALTH MENTAL RETARDATION CENTER (ATMHMR)

Education

Cooperate with ISD's in the provision of early childhood development programs for all infant mentally retarded persons, and in developing and maintaining diagnostic procedures and programs to identify all mental retardation as early in life as possible.

Participate in the development of early childhood education programs in child care facilities respondent to the needs of retarded children.

Support public and commercial TV and radio child/family development programs.

Provide alternative educational/residential centers for children who are so severely retarded that they cannot be included in mainstream day care programs.

Cooperate with the UT Extensions Division and Isd's in the provision of adult basic and continuing education programs with special emphasis on community and job-related survival needs.

Assume responsibility for the management and delivery of services related to educational and special living arrangements complementary to or extended beyond those offered by the Isd's for all retarded children and adolescents.

Provide consultation and education services for public and private non-profit education, recreation, and developmental organizations for children and adolescents so that they can relate positively to the special needs of the retarded.

Assist public libraries in creating special sections of materials on subjects pertinent to the education and development of retarded persons.

Provide consultative services to AARC in the organization and maintenance of a systematic counseling, information, and referral program for the parents of all retarded children and adolescents in the community.

Work with Model Cities on high-risk poverty areas to combat the effects of stimulus deprivation by developing stimulating experiences in the lives of younger citizens.

Rehabilitation

Provide consultative services to TRC in the development of employers uniquely skilled in hiring, training, and maintaining mentally retarded workers and in the initiation and maintenance of orientation and support programs that explain vocational-rehabilitation agencies to parents of retarded clients and involve them in goal setting and evaluation.

Also consult with TRC in developing hiring of disabled workers, particularly the mentally retarded, in state agencies and later, in county and municipal government and agencies, especially the public schools.

Participate in the elimination of job discrimination on the basis of mental retardation in programs monitored by state agencies.

Consult with TEC in establishing the federal minimum wage per hour as the standard minimum wage for all jobs covered by the Federal Minimum Wage and in insuring that all jobs not covered automatically by that act be covered by a state minimum wage at least equal to the federal level.

Support funding and implementation of the Extended Rehabilitation Services Act in Texas and passing and funding of the Federal Rehabilitation Amendment of 1972.

Cooperate with PARD, and AARC (especially TARS) in the development of appropriate recreation and socialization services for mentally retarded persons of all ages and disability levels.

Curative

Maintain 24-hour telephone and walk-in crisis centers at strategic physical locations throughout the city.

Establish basic counseling and crisis intervention services through MHMR Service Centers in rural sections of Travis County concomittant to urban services.

Operate crisis intervention, inpatient, outpatient, and short-term day care programs through MHMR service centers with adequate staff and resources to meet all these needs of the mentally retarded population and their families of Travis County.

Establish immediate intervention and client management services with all law enforcement agencies for retardates in trouble for naive offenses. Develop appropriate referral and consultation procedures with all civil authorities, supplemented with in-service training programs in state, county, and local law enforcement agencies to sensitize officers to the special problems of the mentally retarded.

Maintenance

Develop a network of work and recreation activity centers for severely and profoundly retarded teenagers and adults to give these persons significant and meaningful vocational, recreational, and social lives, provide relief

for parents on a daily basis, and facilitate involvement of community volunteers.

Establish additional sheltered workshops particularly for rural residents to provide mentally retarded adolescents and adults 16 or older with opportunities for limited work and income and a base for normal social and recreational activities.

Create programs to recruit and train personnel capable of giving care and supervision to retarded children in the home at a reasonable cost to parents during their absence.

Establish a network of small, community-based specialized living arrangements for semi-dependent and dependent retardates that provide a continuum of services from hospital care and health maintenance through supervised living. (see p. 26)

Provide consultative services to the city and county in developing public transportation services between residential services and mental retardation services and in including special equipment and services on public transportation vehicles.

Prevention

Cooperate with AARC and ATPHD in the coordination of an intensive public education effort to inform the public about mental retardation and its prevention; the dangers of drug use during pregnancy, the risks of pregnancy in women over 35 and adolescents, the necessity of adequate pre- and neonatal health care in the prevention of mental retardation and the importance of providing adequate stimulation and "mothering" for infants and young children.

Consult with ISD's in the development of school health courses to include extensive understanding of mental retardation and its prevention and in the provision of special classes for pregnant students.

Administer IQ tests and other diagnostic procedures on a basis which reflects language, culture, and other measures of social and intellectual functioning so as to "prevent" mental retardation of the "6-hour retarded child".

Educate the public and city-county officials as to the dangers of lead-based paint on home and other building surfaces.

Conduct regular consultation and education programs for all agencies and professionals who will have decision-making contact with mentally retarded persons or their families.

AUSTIN-TRAVIS COUNTY PUBLIC HEALTH DEPARTMENT (ATPHD)

Education

Act as a funding source in the development of early childhood education curricula in every publicly funded child care facility in the county and in child care staff training and sensitization to the special needs of retarded children.

Augment the child development education program for parents that is currently operated by ATPHD nurses to include special training for parents of retarded children.

Participate in the development of a county-wide location and diagnostic program for mental retardation.

Provide consultative assistance to TV and radio stations in the creation of child/family development programs.

Curative

Augment the Model Cities Family OPC model by providing several similar neighborhood clinics throughout the city and in poverty areas.

Eliminate long state and local residency requirements for community health services, including Brackenridge Hospital so that needy citizens can have immediate access to these services.

Cooperate with ATMHMR in the maintenance of 24-hour telephone and walk-in crisis intervention/information centers at strategic physical locations throughout the city.

Set up an automatic process whereby clinic cards may be issued to qualified persons receiving services from any agency as part of their intake processes.

Maintenance

Establish neighborhood health facilities throughout the county to provide comprehensive health services and health information and referral services.

Provide health maintenance for all residents of specialized living units developed by ATMHMR.

Prevention

Provide full pre-natal care to all pregnant women regardless of income in order to circumvent any conditions related to the occurrence of mental retardation in the offspring and provide adequate neonatal health and treatment services to reduce the permanently damaging effects of health problems resulting from poor or non-existent pre-natal care and/or health complications.

Conduct an interagency study of the adequacy and need in food distribution programs and develop a comprehensive plan for food distribution and supplementation.

Educate the public as to the high risk nature of pregnancy after age 35 and during adolescence, since complications common with pregnancy in these two groups may be associated with mental retardation in the infant.

Maintain a public education program on the importance of immunizing all children under 12 years of age against rubella. Aid all agencies serving the poor in instituting an aggressive outreach effort to contact all non-immunized children and have them immunized.

Act as a consultant with public schools in augmentation and strengthening of public school health and nurses' training programs to include extensive understanding of mental retardation and its prevention.

Participate in the development of an educational campaign for the general public concerning the importance of providing infants and young children with adequate stimulation, "mothering", etc.

Provide rubella and polio immunizations and TB skin tests for all children.

See that all lead-based paint be removed from all residences and other buildings.

Support the liberalization of abortion laws to at least allow abortions for women who have been infected with rubella during the first trimester of pregnancy.

Publicize the nature, availability, and effects of sterilization, especially for men and provide free or part-pay services of this sort.

Publicize its free and no-questions-asked VD treatment services and participate in the development of an extensive education effort on VD.

Provide amniocentesis at a lower cost.

Promote genetic counseling for potential parents who have a history of hereditary conditions that indicate the possibility of mental retardation in offspring.

COUNCIL OF GOVERNMENTS-COMPREHENSIVE HEALTH PLANNING COMMISSION (COG-CHPC)

Education

Participate in the development of an extensive early childhood education curriculum including the special learning needs of the mentally retarded in every publicly funded child care facility in the county.

Prevention

Support all health planning and implementation recommendations in the plan and incorporate these models in regional health delivery systems.

COORDINATING COMMITTEE FOR CHILD CARE (CCCC)

Education

Support development of a county-wide diagnostic program for early identification of mental retardation in cooperation with ATPHD, ATMHMR, and ISD's.

Assist in the creation of TV and radio programs concerning child/family development.

AUSTIN-TRAVIS COUNTY (Cy-Co)
(through agencies charged with specific service responsibilities)

Education

Contribute to the development of an early childhood development curriculum incorporating the special learning needs of the mentally retarded in every publicly funded child-care facility in the city and county.

Participate financially in the operation of adult basic and continuing education programs with special emphasis on community and job-related survival needs.

Assist city libraries in developing special lending resources appropriate to the needs of low-academic ability children and adolescents and special sections on subjects pertinent to the education and development of retarded persons.

Support Model Cities in combating the effects of stimulus deprivation in high-risk poverty areas by developing stimulating extra-curricular and intervention experiences in the lives of the youngsters living there.

Create a community college.

Rehabilitation

PARD - Cooperate with ATMHMR and AARC in the development of appropriate recreation and socialization services for mentally retarded persons of all ages and disability levels. Augment existing services to include special arrangements for participation by more limited retarded persons.

Curative

Cooperate the ATPHD's and ATMHMR in the maintenance of 24-hour telephone and walk-in crisis intervention/information centers throughout the city.

Eliminate long state and local residency requirements at Brackenridge Hospital so that needy citizens can have immediate access to these services.

Develop neighborhood health clinics.

Maintenance

Participate in the funding of a network of small, community-based special living arrangements. (see p. 26)

Provide public transportation on a regularly scheduled route from 5:00 a.m. to 1:00 a.m. daily.

Correlate routes between residential services and mental retardation services with expanded public transportation services during rush hours.

Include the following special equipment and services on all transportation vehicles. (Sec. II - Transportation, a-j, pp. 30-31)

Prevention

Cooperate with ATPHD and TDPW in augmenting USDA donated commodities for infants and pregnant and lactating women to include a more nutritionally balanced food

Participate in a public effort to remove lead-based paint from all building surfaces in the city and county.

Support the liberalization of abortion laws to at least allow abortions for women who have been infected with rubella during the first trimester of pregnancy and provide amniocentesis at a lower cost.

General

Sponsor Mental Retardation Services Council.

Develop one-to-one and class-action Citizen-Advocacy services in the community.

Advocate for community services for the retarded at local, regional, state, and national levels of human service agencies.

Provide monitoring of all direct service agency services regarding quantity and quality of services for mentally retarded population.

HUMAN OPPORTUNITIES CORPORATION (HOC)

Installation of early childhood education curriculum and teacher training in child care centers.

Support of development of comprehensive educational, rehabilitation, curative, maintenance, and preventive services for poverty populations.

TEXAS DEPARTMENT OF MENTAL HEALTH MENTAL RETARDATION (TDMHMR)

Education

Provide financial assistance and consultation along with ISD's, ATMHMR, and TDPW for the provision of early childhood development programs for all infant mentally retarded children.

Cooperate with TDPW and ISD's in the funding of educational/residential centers for children who are so severely retarded as to be unable to participate in regular day care educational and work-activity programs.

Contribute to the development and maintenance of a county-wide diagnostic program (along with ATMHMR, ATPHD, DDA, and ISD's).

Pro-rate construction, management and program funds for community services centers and state institutions on the basis of client population being served in community-based educational and residential facilities.

Maintenance

Pro-rate all construction, management, and program funds to community service centers and state institutions on the basis of client population being served annually and level of program involvement required for persons served in order to support community-based special living arrangements.

Pro-rate state school funds for the establishment of a network of day activity centers for profoundly retarded teenagers and adults and cooperate with TDPW

and TRC in the funding of additional sheltered workshops and work activity programs, particularly for serving rural residents.

TEXAS DEPARTMENT OF PUBLIC WELFARE (TDPW)

Education

Expand contracts for social services to qualified people.

Participate in the funding of early childhood education/development programs for all infant mentally retarded children and alternative educational/residential centers for children who are too severely retarded to be included in the regular programs.

Provide financial assistance for diagnosis and prescription programs and for educational and special living services within the county for all retarded children and adolescents.

Curative

Expand contract availability for all curative services and social services for mentally retarded persons who qualify.

Implement Federal Public Law 92-223 which calls for granting Medicaid funding for the mentally retarded and mentally ill in immediate care facilities.

Eliminate agency policies barring mentally retarded persons from employment on the sole basis of retardation.

Maintenance

Expand contracts for all maintenance services and supportive social services.

Develop legislation, policies, and management systems which will facilitate rapid delivery of income maintenance service on the basis of individual needs.

Cooperate with TDMHMR in the funding of day activity centers for profoundly retarded teenagers and adults and additional sheltered workshops, especially in rural areas.

Participation in the funding of a network of small, community-based specialized living arrangements. (see p. 28)

Prevention

Participate in the expansion of provision of full pre-natal care for all welfare recipient women in order to prevent mental retardation and adequate neonatal health and treatment services to reduce the permanently damaging effects of health problems resulting from poor or inadequate care.

Support the augmentation of USDA donated commodities to include a more nutritionally balanced food program and the provision of nutrition and meal preparation education for families receiving commodities.

Cooperate with ATPHD, ATMHMR, and AARC in the development of public education campaign on the importance of providing children with adequate stimulation, "mothering", etc.

TEXAS EDUCATION AGENCY (TEA)

Education

Help eliminate barriers to mentally retarded persons participation in vocational education programs.

Provide funding assistance for mentally retarded adult basic and continuing education programs.

Fund Plan A throughout state.

Work with University Interscholastic League in opening opportunities for mentally retarded persons to participate in UIL events on basis of skills in those events.

The initiative in expanding early childhood education curriculum across the state.

Take initiative in expanding adult education programs throughout the state.

TEXAS EMPLOYMENT COMMISSION (TEC)

Rehabilitation

Establish the federal minimum wage per hour as the standard minimum wage for all jobs covered by the Federal Minimum Wage Act and insure that all jobs not covered by that act automatically be covered in a state minimum wage at least equal to the federal level.

Help eliminate discriminatory hiring practices against retardates in state agencies.

TEXAS REHABILITATION COMMISSION (TRC)

Education

Expand cooperative education programs to include more severely disabled persons and a wider range of higher and lower level jobs to be assigned on the basis of maximum vocational expectation as indicated through continuous evaluation and follow-up services.

Rehabilitation

Establish an interagency agreement or direct service guaranteeing in-depth vocational evaluation and training services in the county/community capable of short or long term vocational evaluation. Services of the evaluation and work adjustment programs should include vocational evaluation, prescription, guidance and counseling training, job placement, and follow-up as appropriate to individual client needs.

Insure that all mentally retarded persons are referred to a vocational/ rehabilitation service by age 16 for vocational diagnosis, evaluation, and prescription and that all clients receiving any type of vocational/ rehabilitation services also receive follow-up services for at least one year (including assessment for competitive employment, sheltered workshops, work activity centers).

See that retarded clients placed in competitive community jobs receive minimum wage or competitive entry-level wages at the beginning of their employment.

Develop and staff education and support programs geared to the development of employers uniquely skilled and cooperative in hiring, training, and maintaining mentally retarded workers.

Initiate and maintain orientation and support programs to explain vocational/ rehabilitation agencies to parents of retarded clients and involve them in goal setting and evaluation.

Develop hiring of disabled workers, particularly the mentally retarded by state agencies, and eventually extend this endeavor to include the employer market of county and municipal government agencies, especially the public schools.

Assist in eliminating job discrimination on the basis of mental retardation in programs of state agencies. Help advance the idea that job eligibility should be determined only by requirements clearly necessary to the specific job function.

Cooperate with ISD's in extending the scope of job training experiences in cooperative and vocational education programs, and support immediate passage and funding of the Federal Rehabilitation Amendment of 1972 (all Titles I-IV) implement this amendment when appropriated.

Support funding and implementation of the Extended Rehabilitation Services Act in Texas.

Maintenance

Cooperate with TDPW and TDMHMR in funding additional sheltered workshops, particularly in service to clients from rural areas.

UNIVERSITY OF TEXAS SPECIAL EDUCATION (UT Special Ed.)

Education

Provide consultation services to TV and radio stations in the creation of child/family development programs and to AARC and public libraries in the augmentation of their resources to include subjects pertinent to the education and development of retarded persons.

Assist the UT School of Communications in the development of "Sesame Street"-like educational programs geared to the special needs of retarded children and adolescents (for radio and TV dissemination).

Cooperate with the Extension Division in the development of mentally retarded adult basic and continuing education programs.

UNIVERSITIES AND COLLEGES

Prevention

Offer professional expertise toward research and investigation of local mental retardation problems and appropriate solutions in rehabilitation, education, curative, maintenance, prevention, and social areas of need.

CALENDAR GUIDELINE FOR MENTAL RETARDATION SERVICES
PLAN IMPLEMENTATION

This Calendar Guideline present a year-by-year picture of major mental retardation program and service development through 1980. Individual agencies will need to make adaptions due to their own resources and constraints, but this basic timetable service is to establish "bench marks" for cooperative, coorelated services development in the city.

Agencies responsible for services development are noted in the sections on recommendations and agency implications (if not noted in the timetable).

-1972-

September

Public presentation of County Mental Retardation Plan.

Mental Retardation Services Council correlates plan implementation.

Agency meetings to clarify roles, relationships, single and shared responsibilities for services management, funding, consultation, and education.

ATMHMR provides consultation to all agencies to clarify service needs, developmental plans, in-service training, etc.

ATMHMR initiates adolescent/adult work activity center for severe/profound retarded persons.

Arrange pro-rata designation of TDMHMR funds for education, maintenance, housing, management and consultation programs.

Begin special public transportation services adaptations.

Begin Citizen Advocacy Recruitment and Training - AARC.

Expand Big Buddy program to serve total population of 200.

Launch media Mental Retardation education.

-1973-

April

All agencies file tentative services implementation schedule with Mental Retardation Services Council.

Mental Retardation Services Council composes adjusted timetable for services implementation by 1980.

ATMHMR develops plans for special living arrangements network.

(April-1973)

Complete initial expansion of TDPW contracts for curative, maintenance, and social services.

Begin consultation and education to service agencies and private, or public non-profit educational, recreational, social organizations for program adaptations for mentally retarded persons.

Begin development of public library special resources.

AARC develop model for monitoring of quality and quantity of mental retardation services of agencies.

Extended Rehabilitation Services Act funded.

Residence requirements for Brackenridge Hospital and Model Cities clinics eliminated.

ATMHMR initiates home care workers training.

Launch media mental retardation prevention education campaign.

Install crisis assistance special living unit.

-1974-

September

Initiate in-service training and curriculum development programs for mental retardation development in all public day care centers.

Initiate parent training and home-based development programs in early childhood education from all day care, public health, and education programs.

Begin planning for media programs in child development.

Begin planning for location and diagnostic programs for all mentally retarded residents.

AISD - all educational components for ages 3-21, all levels of severity, installed (includes cooperative program expansion with TRC and vocational education expansion).

AARC complete full program of counseling, information and referral for new parents of retarded children.

Initiation of Model Cities mental retardation services in high-risk areas.

Initiate one-year follow-up services for all TRC mentally retarded clients.

Installation of Extended Living Units - adults (sheltered living).

ATMHMR Intervention Services system begun with law-enforcement agencies (for

(September-1974)

naive offenders.

ATMHMR establish day care for severely and profoundly functioning children.

Study of County Commodities Distribution begun.

-1975-

April

TRC-sponsored evaluation work adjustment workshop implemented.

Automatic 16-year old vocational evaluation installed.

TRC install industry-business training for employers of mental retardates and expand state agency employment efforts.

Install Minimal Supervision Living units - ATMHMR.

Coordinate family planning, birth control, prevention efforts with all agencies.

TRC develop parent involvement programs for process, goal setting, evaluation.

TDPW eliminate policies which prohibit mental retardates' employment in direct care occupations.

Welfare Law 92-223 implemented in county.

Begin development of county mental retardation inter-agency authority.

Initiate University Research projects into prevention areas of mental retardation.

Begin media programs in child development.

Complete location and diagnostic campaign.

AISD expand adult basic education and summer enrichment programs for special mental retardate needs.

All competitive wage placements by agencies training mental retardates at minimum wage or above.

ATMHMR and ATPHD begin 24-hour walk-in crisis services.

Installation of structural correctional living unit - ATMHMR.

-1976-

Report and adaptations of commodities distribution study.

Comprehensive VD education programs in elementary and secondary levels of public schools.

(1976)

PARD recreation programs fully integrated and specialized for disabled persons.

Installation of Infant Nursery Unit - ATMHMR.

Lead-based paint ordinances passed.

Family planning services and legislation expansion.

ATMHMR rural services expanded.

Install Prevocational Living Unit - ATMHMR.

ATPHD provides pre-natal and neonatal coverage for all mothers and infants in need in county (including education for high-risk mothers).

Installation of clinics and hospital comprehensive congenital maladies detection processes throughout city.

MR Services Council check Mental Retardation Plan progress to date - adjust as needed.

April

Network of neighborhood medical clinics established throughout city - with selected 24-hour crisis walk-in units.

ATMHMR Drug Abuse - pregnancy dangers education program.

Initiate mental retardation prevention training in all public school levels.

All school districts in county besides Austin complete total Plan A components of education services for all retardates ages 3-21, all levels of severity (includes cooperative program expansion with TRC and vocational education expansion with TEA).

-1977-

AISD initiate infancy through age 2 early childhood education programs.

Install child development unit - special living - ATMHMR.

County-wide immunization of all children under age 12 organized and completed.

Federal and state minimum wage equalized.

Rural residents workshop, work activity services completed.

All existing education, rehabilitation, curative services expanded to meet 75% of population needs.

All prevention services operative.

-1978-

All ISD's expand to include adult basic education and summer enrichment programs for mental retardates.

Develop a community college component of adult basic continuing education for mentally retarded persons.

Have network of 500 trained citizen advocates and retarded proteges.

Install weekly residental house units - ATMHMR.

All existing education, rehabilitation, curative services expanded to meet 90% of population needs.

All maintenance services expanded to meet 90% of population needs.

All prevention services operative.

Mental Retardation Services Council/Board develop new 5-year plan.

-1979-

September

Install Habit Shaping Units - special living - ATMHMR.

All school districts in county initiate infancy through age 2 early childhood education programs.

Complete all special transportation adaptations.

Expand all education, rehabilitation, curative services to meet 100% of identified population needs.

Expand all maintenance services to meet 100% of identified population needs.

All prevention services operative.

Install sheltered living for aged special living units - ATMHMR.